

Group insurance fraud and abuse

FREQUENTLY ASKED QUESTIONS

1 Are there different types of fraud?

Yes. We divide them into 3 categories: abuse, suspected fraud and confirmed fraud.

- An example of **abuse** is when a plan member uses all of their benefits every year just because their plan offers them, not because they really need them.
- An example of **suspected fraud** is when a plan member submits a claim for physiotherapy but the receipt seems to be for a gym membership.
- **Confirmed fraud** is when we have evidence that someone used deception to illegally get money or benefits. An example is when we have proof that someone has submitted a fake invoice and is trying to pass it off as authentic.

2 What happens in cases of suspected or confirmed fraud?

In cases of **abuse** or **suspected fraud**, we don't immediately suspend the payment card, but we do suspend the online and paper claims services. We send the plan member a letter asking them to pay back the amounts they weren't entitled to. Once we receive the reimbursement, we'll reactivate the online claims service¹ and process any pending paper claims. If the plan member refuses to pay us back, we suspend their payment card and transfer their file to Legal Affairs.

In cases of **confirmed fraud**, we immediately suspend the payment card and the online claims service (including claims for prior authorization and life-sustaining drugs²) and put paper claims on hold. We then send the plan member a letter asking them to pay back the amounts they weren't entitled to. Once we receive the reimbursement, we'll reactivate the plan member's payment card and online claims service¹ and process any pending paper claims. If the plan member refuses to pay us back, we transfer their file to Legal Affairs.

3 In cases of fraud or abuse, does the claim information remain confidential?

In cases of **abuse** and **suspected fraud**, information about the plan member and healthcare provider will remain confidential. However, for administrative services only (ASO) plans, we can share some non-medical information with authorized individuals upon request before claims are suspended.

In cases of **confirmed fraud**, we can share all the claim information with authorized individuals upon request (plan member's name, amounts in question, healthcare providers involved, etc.).

4 Do you notify the police in cases of confirmed fraud?

As a member of the Canadian Life and Health Insurance Association (CLHIA), we can confirm that Canadian insurers no longer report fraud cases to the police. The process is very long and complicated, and, as it falls under the *Criminal Code*, we would not be able to get the money back.

However, if we have to, we can:

- Use our internal investigation services
- Transfer the file to our Legal Affairs services
- Report certain healthcare professionals to their association or professional order in cases of questionable practices

¹If the confirmed or suspected fraud was committed online (plan members, providers or mobile app), the online claims service will not be reactivated.

²Our pharmacology experts determine what is considered a life-sustaining drug.

5 Why isn't the list of questionable/delisted healthcare providers available on the Desjardins Insurance website?

We know it would be useful to be able to access the list online, but it contains confidential information and we could be sued if we published it.

Our website gives a good description of our fraud and abuse prevention practices, and clearly explains how you and your employees can help us combat harmful practices. If you would like more information, please call our Customer Contact Centre or contact your group insurance representative.

6 How do I know if a healthcare professional is delisted or on the watch list of healthcare providers?

Plan members can call our Customer Contact Centre or send us a reimbursement estimate request by mail to check whether their claim is eligible.

7 How can I report fraud anonymously?

- Write to anti-fraud@dfs.ca
- Call us toll-free at 1-866-692-7227



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